

# BALLOT DESIGNATION WORKSHEET

RECEIVED

This worksheet is intended to assist in the prompt evaluation of requested ballot designations.

Name of Candidate: Rebecca Poirier 2014 MAR -5 PM 3:55

Candidate for the Office of: City Clerk CITY OF TORRANCE  
(Including district or division number, if applicable) CITY CLERK'S OFFICE

Home Address: 23930 Ocean Ave #112  
(Number and street address)  
Torrance, CA 90505  
(City, State and Zip Code)

Daytime Telephone Number: 424 2336295  
(area code)

Evening Telephone Number: 424 2336295  
(area code)

Fax Telephone Number: \_\_\_\_\_  
(area code)

Business Address: \_\_\_\_\_  
(Number and street address)  
\_\_\_\_\_  
(City, State and Zip Code)

E-mail: POIRIER4TORRANCECLERK@gmail.com

Name of Attorney or Other Person Authorized to Act in Your Behalf: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from above)  
\_\_\_\_\_  
(City, State and Zip Code)

His/Her Fax Number: \_\_\_\_\_  
(area code)

Telephone Number: \_\_\_\_\_  
(area code)

E-mail Address: \_\_\_\_\_

PROPOSED BALLOT DESIGNATION: Deputy City Clerk

(Note: Designation must be your principal profession, vocation, or occupation and may be no more than three words; however, you may use the full title of the elective office you currently hold.)

(optional)

If above not accepted, 1<sup>st</sup> alternative: \_\_\_\_\_

2<sup>nd</sup> alternative: \_\_\_\_\_

Describe what you do and why you believe you are entitled to use the requested ballot designation. If using the title of an elective office, you may submit a copy of your certificate of election or appointment.

The term "incumbent" must be used as a noun. It shall not be used in conjunction with any other words, including any accompanying adjectives or modifiers, and must stand alone.

My current position with the City of Torrance  
is Deputy City Clerk

Your Job Title: Deputy City Clerk  
Dates You Held the Position: July 2009 - Present  
Name of Your Employer or Business: City of  
Torrance

Contact Person(s) Who Can Verify this Information:

Name(s): Sue Herbers

Telephone Number(s): 310 618 2864  
(area code)

To the best of my knowledge and belief, the above-requested ballot designation(s) represent my true principal profession(s), vocation(s) and/or occupation(s) which I am entitled to use as my ballot designations pursuant to §13107 and 13107.5 of the Elections Code.

Signed and dated this \_\_\_\_\_ day of March, in Torrance, CA

Signature

You may attach whatever supporting documentation or exhibits you wish that you believe support your proposed ballot designation. These documents will not be returned to you, so do not submit original versions.